

FORM TO BE USED BY A PRISONER IN FILING A CIVIL RIGHTS COMPLAINT

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA**

(1) LEON SAMUEL 14939052
(Name of Plaintiff) (Inmate Number)
USP COLEMAN PO Box 1033
COLEMAN FLORIDA 33521
(Address)

(2) _____
(Name of Plaintiff) (Inmate Number)

(Address)

(Each named party must be numbered,
and all names must be printed or typed)

vs.

(1) UNITED STATES OF AMERICA
(2) _____
(3) _____
(Names of Defendants)

(Each named party must be numbered,
and all names must be printed or typed)

CIVIL COMPLAINT

FICA 2845C1436(B)

FILED
SCRANTON

APR 09 2018

PER gmv
DEPUTY CLERK

TO BE FILED UNDER: 42 U.S.C. § 1983 - STATE OFFICIALS

☒ 28 U.S.C. § 1331 - FEDERAL OFFICIALS

☒ FICA 2845C § 1436(B)

I. PREVIOUS LAWSUITS

A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

NONE

II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? ___ Yes ☒ No
- B. Have you ~~fully~~ exhausted your available administrative remedies regarding each of your present claims? ☒ Yes ☐ No
- C. If your answer to "B" is Yes:

1. What steps did you take? I FILED A TORT CLAIM
UNDER LOSS AND/OR INJURY TO THE FBUP
2. What was the result? MY TORT CLAIM WAS DENIED

- D. If your answer to "B" is No, explain why not: I FILED A TORT CLAIM
UNDER LOSS AND/OR INJURY TO THE FBUP

III. DEFENDANTS

- (1) Name of first defendant: UNITED STATES OF AMERICA
NORTH EAST REGIONAL
Employed as OFFICE MANAGER at US COURTS (HALL) E
Mailing address: 2ND & CHESSNUT STREETS PHILADELPHIA PA 19106
- (2) Name of second defendant: _____
Employed as _____ at _____
Mailing address: _____
- (3) Name of third defendant: _____
Employed as _____ at _____
Mailing address: _____

(List any additional defendants, their employment, and addresses on extra sheets if necessary)

IV. STATEMENT OF CLAIM

(State here as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets if necessary.)

1. SEE ATTACHED
PAPERS

2.

3.

V. RELIEF

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)

1.

SEE ATTACHED
PAPERS

2.

3.

STATEMENT OF CLAIM.

ON April 14 2017 in The special Housing unit of USP. Cannan, in cell 128 unit BLOWER. I LEON SAMUEL was Assaulted Repeatedly From the hours of 930 AM - 330 PM. By inmate DARRELL MOORE.

During the assault 9 Different F.B.O.P. officers did rounds in the S.H.U. (special housing unit) and disregarded my please and request to be removed from the cell because of being assaulted.

At one point A unnamed F.B.O.P. officer walked up to the cell and said: "How much more can you endure? Not Much I Think".

Inmate moore and I should never have been cell-mates, because (A) I was housed in the S.H.U. (special housing unit) under protective custody. Inmate moore was not. (B) 1 week Before I arrived to USP Cannan. Inmates from New York and Inmates from the "Crips" Gang Had an Altercation in which inmates were stabbed. and the Facility was put on lock down.

I was placed in the S.H.U. For protective custody. Inmate moore was placed in the S.H.U. Because of disciplinary reasons, We should not have been cellmates.

RELIEF

The damages are as follows.

1 I was taken to MOSES Taylor Hospital for medical treatment for the following.

- Ⓐ A human bite on my right hand that required
- Ⓑ Bite on right chest, (Human bite)
- Ⓒ Bruising to left and right eyes
- Ⓓ swollen left lips and cheeks.

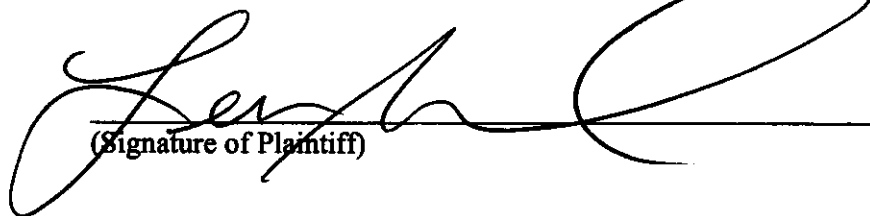
② Because of this ordeal and assault I have had to be put on an additional medication for P.T.S.D. which is Prazosin ^{5mg} to help with Night mares, flashbacks, paranoia, Hyperacusis, Anxiety and depression.

③ I also suffer from lower back pain from this ordeal and assault...

because of all the above stated I seek \$2,500,000.00

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 15 day of MARCH, 2018


(Signature of Plaintiff)

LEON SAMUEL M939052
UNITED STATES DEPT OF JUSTICE
PO BOX 11468
SCANTON PA 18503

ATT: Clerk of Courts
WILLIAM J NEALIN FEDERAL
UNITED STATES COURT HOUSE
PO BOX 11468
SCANTON PA 18503

2CF2

RECEIVED
SCRANTON
APR 09 2018
PER [Signature]
DEPUTY CLERK